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Services

NF Provider Webinar: Quality Incentive Payment Program (QIPP)

**HHSC Staff
Medicaid & CHIP Services Department
Medical and Social Services**



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QIPP Overview

Overview

- Legislatively Directed
- Open to Two Classes of Nursing Facilities:
 - Non-state government owned NFs
 - Private NFs (Medicaid utilization of 77.89% for QIPP Year One (9/1/2017-8/31/2018))



Overview (cont.)

Capitation Rate Components

- **Component One:** Open to non-state government owned facilities
 - Payments made based on submission of monthly Quality Assurance Performance Improvement (QAPI) Validation Report
- **Components Two and Three:** Open to all participating facilities
 - Payments made based on performance on quality metrics



Component 1

- The total value of Component One will be equal to 110% of the non-federal share of the QIPP program.
- Allocation of funds across qualifying non-state government-owned nursing facilities will be based upon historical Medicaid days of nursing facility service.
- Monthly payment to non-state government-owned nursing facilities will be triggered by the nursing facility's submission to the HHSC of a monthly Quality Assurance Performance Improvement (QAPI) Validation Report.
- Private NFs are not eligible for payments from Component One.



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Components 2 & 3

- Quarterly payments triggered by improvement on specific quality indicators
 - Quality metrics for first year include (all long-stay):
 - High-risk residents with pressure ulcers
 - Percent of residents who received an antipsychotic medication
 - Residents experiencing one or more falls with major injury
 - Residents who were physically restrained



Components 2 & 3 (cont.)

- Component 2: Modest Improvement
 - Total value will be equal to 35% of remaining QIPP funds
- Component 3: High Improvement
 - Total value will be equal to 65% of remaining QIPP funds
- A nursing facility performing better than the Benchmark (national average) may decline in performance and still earn 100% of available funds.





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Component 1: QAPI Validation

QAPI Validation Report

- Requirement for payment under Component One
- Form filled out by participating NSGO NF attesting that they held their required QAPI meeting for the month.
- Participating NSGO NF will sign the Validation Report and email to Quality Reporting unit QIPP email:

MCS_QIPP_QAPI@hhsc.state.tx.us



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QAPI Validation Report (cont.)

- Forms are signed and emailed monthly.
- To receive payment:
 - The subject heading of the email **must** contain specific information as designated on the form.
- The title of the document should contain the **facility name and the month.**
- Deadline for submission of QAPI Validation Report is the 1st business day following the end of the month.





Quality Assurance Performance Improvement (QAPI)

Validation Report

I, *[insert name of responsible party]*, on behalf of *[insert facility name]* hereby attest that this facility conducted its monthly QAPI meeting on *[insert meeting date]* at *[insert meeting time]*.

I understand that both holding the monthly meeting and correctly submitting this document are contingent upon receiving payments under Component 1 of the Quality Incentive Payment Program (QIPP), as set forth in the UMCM contract, and in compliance the rules set forth in 1 TAC Chapter 353, Subchapter O, §§353.1301 and 353.1303 concerning the Quality Incentive Payment Program (QIPP).

I further understand that this form will be considered submitted correctly:

- if received by HHSC by close of business on the first business day of the following month;
- if attached in an email sent to: MCS_QIPP_QAPI@hhsc.state.tx.us; and
- if that email bears in the Subject line, the month and year being reported, the date and time the QAPI meeting was held, and the facility's ID number, (e.g., Oct 2017 QAPI Meeting Assestation_10-5-17 at 3:00pm_3335112).

If any information given to or investigation on behalf of HHSC determines that the attestation herein is false or misleading, I understand that this facility may be required to participate in an audit and/or pay back any funds related to Component 1 of QIPP (i.e., QAPI).

Signature of Responsible Party Listed Above

Date of Signature

If you have any questions or concerns about monthly the QAPI Validation Report, please email MCS_QIPP_QAPI@hhsc.state.tx.us with a clearly titled Subject line.

August 2017

Validation Report Form Process

- QAPI Validation Report
 - Sign the form once you have conducted your QAPI meeting
 - Email to: **MCS_QIPP_QAPI@hhsc.state.tx.us**
 - Place the following in the subject line:
 - MONTH AND YEAR BEING REPORTED
 - DATE AND TIME THE QAPI MEETING WAS HELD
 - FACILITY ID NUMBER
 - E.G. Oct 2017 QAPI meeting attestation_10-5-17 at 3:00p.m._3335112

August 2017



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Validation Report Form Process (cont.)

- Remember that the form **must** be:
 - Due from NSGO participating NFs on 1st business day following the end of the month
 - **Must** be signed
 - Titled with the **facility name and the month**
- **Please Note: Any QAPI forms that have been sent in prior to September 1, 2017 will not be accepted, as the first month for this form is September 1, 2017.**



Component 1 Sample Timeframes

QIPP Quality Assurance Performance Improvement (QAPI) Validation Report Form Monthly Submission Deadline Dates

Month	Submission Deadline (Close of Business (COB))	Anticipated Payment Date (Estimated Date)
September 2017	Monday - October 2, 2017	November 2, 2017
October 2017	Wednesday - November 1, 2017	December 2, 2017
November 2017	Friday - December 1, 2017	January 1, 2018
December 2017	Tuesday - January 2, 2018	February 2, 2018
January 2018	Thursday - February 1, 2018	March 4, 2018
February 2018	Thursday - March 1, 2018	April 1, 2018
March 2018	Monday - April 2, 2018	May 3, 2018
April 2018	Tuesday - May 1, 2018	June 1, 2018
May 2018	Friday - June 1, 2018	July 2, 2018
June 2018	Tuesday - July 2, 2018	August, 2, 2018
July 2018	Wednesday - August 1, 2018	September 1, 2018
August 2018	Monday - September 3, 2018	October 4, 2018



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Components 2 & 3: Quality Metric (QM) Data & Scorecards

Quality Metrics (QMs)

- Four QMs will be used for QIPP year 1
- **Benchmark:** The CMS National Average for each QM prior to the start of the eligibility period
- **Baselines:** Each facility will receive an initial Baseline for each of the four QMs.
 - Set as an average of the four most recent quarters of CMS data
 - Progress in each QM will be measured from these initial Baselines
- NF payment will be based on performance improvement on each QM under Components 2 & 3 and assessed quarterly



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QM Benchmarks

- **Benchmark:** The CMS National Average for each QM prior to the start of the eligibility period
 - Posted by CMS on Nursing Home Compare each updated quarter
 - Covering the published calendar quarters 2016Q2 thru 2017Q1
- A nursing facility that performs better than the Benchmark but does not reach their improvement target will still earn 100% of available funds for that QM.



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QM Baselines

- **Baselines:** Each facility will receive an initial Baseline for each of the four QMs.
 - Set as a non-weighted average of the four latest quarters of CMS data
 - $(Q1n + Q2n + Q3n + Q4n) / (Q1d + Q2d + Q3d + Q4d)$
 - This reflects the same calculation and calendar quarters as the Benchmarks
 - Progress in each QM will be measured from these initial Baselines



QM Baselines (cont.)

- In order to receive payments from Components Two and Three for a quality metric, a NF must show improvement over the baseline or exceed the benchmark for the metric



Quality Metrics (cont.)

- Quarterly improvements required to earn payment:

Quarter	Total improvement from baseline	
	Component Two Payment Standard	Component Three Payment Standard
1	1.7%	5%
2	3.4%	10%
3	5.1%	15%
4	7%	20%

- Again: A nursing facility performing better than the Benchmark may not reach their improvement target and still earn 100% of available funds.

QM Calculations:

Component 2

Component 2	Falls w/ Major Injury	High Risk w/ Pressure Ulcers	Physical Restraints	Antipsycho tic Medication s
Baseline	4.061%	4.167%	1.523%	20.290%
National Benchmark	3.354%	5.667%	.526%	16.065%
Quarter 1 (1.7%)	3.992%	5.667%	1.497%	19.945%
Quarter 2 (3.4%)	3.923%	5.667%	1.471%	19.600%
Quarter 3 (5.1%)	3.854%	5.667%	1.445%	19.255%
Quarter 4 (7.0%)	3.777%	5.667%	1.416%	18.870%

August 2017



QM Calculations: Component 3

Component 3	Falls w/ Major Injury	High Risk w/ Pressure Ulcers	Physical Restraints	Antipsychoti c Medications
Baseline	4.061%	4.167%	1.523%	20.290%
National Benchmark	3.354%	5.667%	.526%	16.065%
Quarter 1 (5%)	3.858%	5.667%	1.447%	19.275%
Quarter 2 (10%)	3.655%	5.667%	1.371%	18.261%
Quarter 3 (15%)	3.452%	5.667%	1.294%	17.246%
Quarter 4 (20%)	3.354%	5.667%	1.218%	16.232

QM Calculations

- Only Quality Metrics with a denominator value of 10 or higher will be counted as valid
 - For example: If a denominator falls below 10 individuals, that metric will be marked “Not Enough Data”
 - Such metrics will not count for or against Component 2 or 3 payments
- If a Quality Metric is unavailable, the payments for Components 2 and 3 will be evenly distributed among the remaining, valid QMs
- However, if no data are available for all four Quality Metrics, the facility will not receive payments for QIPP Components 2 or 3

One-Month Reconciliation Period

- Because assessments may occur up to the very end of the reporting period, a reconciliation period is necessary to grant NFs proper time to submit and/or correct assessments
- NFs will receive a one-month reconciliation period at the end of the quarter to ensure all MDS data is entered and submitted correctly
- This reconciliation period overlaps with the beginning of the next reporting period



Q1 Sample Timeframe

- MDS data for Q1 of QIPP covers Sep. 1, 2017 thru Nov. 31, 2017
- Data for that quarter will be due Dec. 31, 2017
- HHSC will run the Q1 quality metrics on Jan. 2nd or 3rd
 - Or as soon as data is available (HHSC cannot guarantee when MDS data becomes available for QM calculation)
- QM Scorecards will be sent to Managed Care Organizations by the Jan. 11, 2017
- Managed Care Organizations then have 20 calendar days to make payments to facilities
- All of this is tentative, based on data availability



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Components 2 & 3

Quarterly Timeframes

(These dates are no concrete and could change if the data is not available to HHSC on the listed date)

Quarter	Reconciliation Period	Anticipated HHSC Data Pull	Anticipated Payment Date (Estimated Date)
Quarter 1: Sep 1 – Nov 30, 2017	December 2017	January 2, 2018	January 30, 2018
Quarter 2: Dec 1, 2017 – February 28, 2018	March 2018	April 2, 2018	April 30, 2018
Quarter 2: March 1- May 31, 2018	June 2018	July 2, 2018	July 30, 2018
Quarter 4: June 1 – August 31, 2018	September 2018 August 2017	October 2, 2018	October 30, 2018



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Scorecards

- Participating NFs should have received their initial scorecard on Aug. 15, 2017 from HHSC.
- The **Initial Scorecard** contains:
 - NF identifying information
 - Benchmark data for each QM
 - NF-specific Baseline data for each QM



Scorecards (cont.)

- **Quarterly Scorecard** contains:
 - NF identifying information
 - Benchmark data for each QM
 - NF-specific Baseline data for each QM
 - NF-specific improvement targets for Components 2 & 3
 - NF-specific quarterly QM percentages and “Met” or “Not Met” status
 - Pay-out information under all Components that the NF met



Quality Incentive Payment Program

Metric Performance Scorecard

Quarter 1
September 2017 - November 2017

MCO:	All MCOs in Providers SDA
SDA:	Dallas
Facility Name:	Heritage Gardens Rehabilitation and Healthcare
Legal Entity Name:	Eastland Memorial Hospital District
Facility ID:	5122
Medicare Number:	675111
Facility NPI:	1659696177
Medicaid Number:	1018372

Click value to make drop down button appear.
Numbers are in numeric order, smallest to largest
with alphanumeric at the end.

Achievement Level	Payment Factor			Quarter 1 Payment
Component 1	\$5.04	\$5.04	\$5.04	\$88,441.92
Component 2		\$1.34		\$23,514.32
Component 3		\$2.48		\$43,519.04
Lapse Funds		\$0.00		\$0.00
Quarter 1 Adjustment				
Quarter 2 Adjustment				
Quarter 3 Adjustment				
Quarter 4 Adjustment				
Total Funds				\$155,475.28

YTD	Earned Income
Quarter 1	\$155,475.28
Quarter 2	\$0.00
Quarter 3	\$0.00
Quarter 4	\$0.00
Total	\$155,475.28

Falls With Major Injury - 0674				
Percentage Of Long-Stay Residents Experiencing One Or More Falls With Major Injury				
1.82%				

National Average	3.35%	Baseline	2.19%
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Component	Target	Met	Value	
Component 2	3.35%	Yes	\$	0.34
Component 3	3.35%	Yes	\$	0.62

Metric Target	Q1	Q2	Q3	Q4
Component 2	3.35%	3.35%	3.35%	3.35%
Component 3	3.35%	3.35%	3.35%	3.35%
Actual Metric Score	1.82%	0.00%	0.00%	0.00%

Pressure Ulcers - 0679				
Percentage Of High Risk Long-Stay Residents With Pressure Ulcers				
6.00%				

National Average	5.67%	Baseline	9.31%
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Component	Target	Met	Value	
Component 2	9.16%	Yes	\$	0.34
Component 3	8.85%	Yes	\$	0.62

Metric Target	Q1	Q2	Q3	Q4
Component 2	9.16%	9.00%	8.84%	8.66%
Component 3	8.85%	8.38%	7.92%	7.45%
Actual Metric Score	6.00%	0.00%	0.00%	0.00%

Physical Restraints - 0687				
Percentage Of Long-Stay Residents Who Were Physically Restrained				
0.00%				

National Average	0.53%	Baseline	1.32%
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Component	Target	Met	Value	
Component 2	1.29%	Yes	\$	0.34
Component 3	1.25%	Yes	\$	0.62

Metric Target	Q1	Q2	Q3	Q4
Component 2	1.29%	1.27%	1.25%	1.22%
Component 3	1.25%	1.18%	1.12%	1.05%
Actual Metric Score	0.00%	0.00%	0.00%	0.00%

Antipsychotic Medication - E5				
Percentage Of Long-Stay Residents Who Received An Antipsychotic Medication				
13.21%				

National Average	16.06%	Baseline	7.17%
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Component	Target	Met	Value	
Component 2	16.06%	Yes	\$	0.34
Component 3	16.06%	Yes	\$	0.62

Metric Target	Q1	Q2	Q3	Q4
Component 2	16.06%	16.06%	16.06%	16.06%
Component 3	16.06%	16.06%	16.06%	16.06%
Actual Metric Score	13.21%	0.00%	0.00%	0.00%

Member Month Count	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Total
September 2017	5,662	154	221	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,037
October 2017	5,708	126	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,834
November 2017	5,677	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,677
December 2017	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
January 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
February 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
March 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
April 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
May 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
June 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
July 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
August 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Achieved Payment Factor	Component 1	Component 2				Component 3				Lapse Funds
		Fall	Ulcer	Restraint	Medication	Fall	Ulcer	Restraint	Medication	
September 2017	\$5.04									
October 2017	\$5.04	\$0.34	\$0.34	\$0.34	\$0.34	\$0.62	\$0.62	\$0.62	\$0.62	\$0.00
November 2017	\$5.04									
December 2017	\$0.00									
January 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
February 2018	\$0.00									
March 2018	\$0.00									
April 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
May 2018	\$0.00									
June 2018	\$0.00									
July 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
August 2018	\$0.00									

Instructions: Each quarter the scorecard will be updated quarterly with metric performance and achieved payment factor amounts. The scorecard will also calculate the payment associated with the current quarter and adjustments made to past quarters in the current quarter. The table Member Month Count reflects the actual member months for a single MCO in a service delivery area (SDA). The table Achieved Payment Factor represents the values of the earned metrics by payment period. If a zero is present in current or past time period, it means the facility did not meet that component's metric.

Note: Payment amounts listed on the scorecard could vary slightly from the actual amount received from the MCO due to rounding in the calculation.

Payment Period	From Month	To Month
Quarter 1	September 2017	November 2017
Quarter 2	December 2017	February 2018
Quarter 3	March 2018	May 2018
Quarter 4	June 2018	August 2018
Adjustment Period 1	September 2018	November 2018
Adjustment Period 2	December 2018	May 2019
Adjustment Period 3	June 2019	July 2019





Pressure Ulcers - 0679

Percentage Of High Risk Long-Stay Residents With Pressure Ulcers

6.00%

National Average	5.67%	Baseline	9.31%
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Component	Target	Met	Value
Component 2	9.16%	Yes	\$ 0.34
Component 3	8.85%	Yes	\$ 0.62

Metric Target	Q1	Q2	Q3	Q4
Component 2	9.16%	9.00%	8.84%	8.66%
Component 3	8.85%	8.38%	7.92%	7.45%
Actual Metric Score	6.00%	0.00%	0.00%	0.00%



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Achievement Level	Payment Factor			Quarter 1 Payment
Component 1	\$5.04	\$5.04	\$5.04	\$88,441.92
Component 2	\$1.34			\$23,514.32
Component 3	\$2.48			\$43,519.04
Lapse Funds	\$0.00			\$0.00
Quarter 1 Adjustment				
Quarter 2 Adjustment				
Quarter 3 Adjustment				
Quarter 4 Adjustment				
Total Funds				\$155,475.28



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Member Month Count	1	2	3	4	5	6	7	8	9	10	11
September 2017	5,662	154	221	-	-	-	-	-	-	-	-
October 2017	5,708	126	-	-	-	-	-	-	-	-	-
November 2017	5,677	-	-	-	-	-	-	-	-	-	-
December 2017	-	-	-	-	-	-	-	-	-	-	-
January 2018	-	-	-	-	-	-	-	-	-	-	-
February 2018	-	-	-	-	-	-	-	-	-	-	-
March 2018	-	-	-	-	-	-	-	-	-	-	-
April 2018	-	-	-	-	-	-	-	-	-	-	-
May 2018	-	-	-	-	-	-	-	-	-	-	-
June 2018	-	-	-	-	-	-	-	-	-	-	-
July 2018	-	-	-	-	-	-	-	-	-	-	-
August 2018	-	-	-	-	-	-	-	-	-	-	-

11	12	13	14	15	16	17	18	19	20	21	22	23	24	Total
-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,037
-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,834
-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,677
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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Achieved Payment Factor	Component 1	Component 2				Component 3				Lapse Funds
		Fall	Ulcer	Restraint	Medication	Fall	Ulcer	Restraint	Medication	
September 2017	\$5.04									
October 2017	\$5.04	\$0.34	\$0.34	\$0.34	\$0.34	\$0.62	\$0.62	\$0.62	\$0.62	\$0.00
November 2017	\$5.04									
December 2017	\$0.00									
January 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
February 2018	\$0.00									
March 2018	\$0.00									
April 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
May 2018	\$0.00									
June 2018	\$0.00									
July 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
August 2018	\$0.00									



Quarter 1

September 2017 - November 2017

Payment Summary	Q1	Q2	Q3	Q4	Adj. 1	Adj. 2	Adj. 3
Component 1	\$88,442	\$0	\$0	\$0			
Component 2	\$23,514	\$0	\$0	\$0			
Component 3	\$43,519	\$0	\$0	\$0			
Lapse Funds	\$0	\$0	\$0	\$0			
Quarter 1 Adjustment		\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 Adjustment			\$0	\$0	\$0	\$0	\$0
Quarter 3 Adjustment				\$0	\$0	\$0	\$0
Quarter 4 Adjustment					\$0	\$0	\$0
Total	\$155,475	\$0	\$0	\$0	\$0	\$0	\$0

Payments Through February 2019

[illegible]

Member Months: Definition

- **Member Month** means one (1) Member enrolled with the MCO during any given month. The total Member Months for each month of a year comprise the annual Member Months.
- **Risk Groups Paid under QIPP**
 - **STAR+PLUS**
 - Medicaid Only Nursing Facility
 - Dual Eligible Nursing Facility
 - **Dual Demo**
 - Dual Eligible Nursing Facility



What is Runout and Why Does it Occur?

What is runout?

- Runout is a period in time in which the number of member months a MCO is paid in a month can be changed.
- HHSC set the runout window to be 24 months which consists of 1 month of prospective payment and 23 months of adjustments.
- **Why does runout occur?**
 - Eligibility changes for a client
 - Client's risk group changes
 - Plan changes by the client



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What is Runout and Why Does it Occur?

What does runout look like over a 24 month time frame?

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
March 2015	12,095	193	276	131	93	66	61	25	16	20	8	17

	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Grand Total
March 2015 Continued	16	4	-	(1)	5	(3)	-	2	-	(2)	(1)	(1)	13,020



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Member Months vs “Heads in Beds”

- Can a provider check the number of member months by looking at their Medicaid days or Medicaid clients?
 - **No.** The count of member months used in this program is the total number of clients across an entire SDA that are enrolled in a MCO and in the NF risk group.
- Who provides the member month count for the calculation?
 - The state is providing to the MCO's the count of member months.
 - The MCO's will then verify the numbers based on their records.



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Lapsed Funds

- Lapsed Funds are:
 - Funds that would lapse due to failure of one or more NFs to meet QAPI reporting requirements or quality metrics and
 - Are distributed across all QIPP NFs based on each NF's proportion of total earned QIPP funds from Components One, Two, and Three combined.

	Total Metrics Earned	Lapse Funds	Lapse Funds Earned	Total Payment Factor
Nick's Nursing Home	6.80	0.85	0.77	7.57
Paul's Nursing Home	7.95	-	0.91	8.86
Betty's Nursing Home	3.25	1.20	0.37	3.62
	18.00	2.05	2.05	20.05



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Submission Requirements

QIPP Submission Requirements

The following are the submission requirements for QIPP

- QAPI Validation Report Form
 - Emailed to HHSC no later than close of business (COB) on the business day following the end of the month
 - Example: Sep. 2017 QAPI form is due to HHSC by COB Oct. 2, 2017



QIPP Submission Requirements (cont.)

The following are the submission requirements for QIPP

- QAPI Validation Report Form
 - Ensure correct information in the subject line:
 - MONTH AND YEAR BEING REPORTED
 - DATE AND TIME THE QAPI MEETING WAS HELD
 - FACILITY ID NUMBER
 - Example: Oct 2017 QAPI meeting attestation_10-5-17 at 3:00p.m._3335112



QIPP Submission Requirements

The following are the submission requirements for QIPP

- QM data:
 - MDS Assessments



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Resident: _____ Identifier: _____ Date: _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Section A Identification Information	
A0100. Type of Record	
From: Date: <input type="checkbox"/>	1. Add new record → Continue to A0100, Facility Provider Numbers 2. Modify existing record → Continue to A0100, Facility Provider Numbers 3. Inactivate existing record → Skip to A0100, Type of Provider
A0100. Facility Provider Numbers	
	A. National Provider Identifier (NPI): <input type="text"/>
	B. CMS Certification Number (CCN): <input type="text"/>
	C. State Provider Number: <input type="text"/>
A0200. Type of Provider	
From: Date: <input type="checkbox"/>	Type of provider: 1. Nursing home (SNF/RP) 2. Skilled nursing
A0310. Type of Assessment	
From: Date: <input type="checkbox"/>	A. Federal OIRA Reason for Assessment: 01. Admission assessment (required by day 14) 02. Quarterly scheduled assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 09. None of the above
From: Date: <input type="checkbox"/>	B. PPS Assessment: <u>PPS Scheduled Assessments for a Medicare Part A Stay</u> 01. 3-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/reentry assessment <u>PPS Unscheduled Assessments for a Medicare Part A Stay</u> 07. Unscheduled assessment used for PPS (200A, significant initial change, or significant correction assessment) 08. Not PPS Assessment 09. None of the above
From: Date: <input type="checkbox"/>	C. PPS Other Medical Care Required Assessment - Q800A 0. No 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment
From: Date: <input type="checkbox"/>	D. Is this a nursing bed initial change assessment? Complete only if A0310 = 1 0. No 1. Yes

A0310 continued on next page



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Consequences of not Following QIPP Processes

Consequences

Failure of a participating NF to submit requirements will result in:

- **NSGO Facilities** who fail to submit their QAPI Validation Report form will not receive that month's payment of QIPP funds under Component 1 (forfeiting that percentage of IGT funds)
- **Private Facilities** who fail to ensure accuracy of their MDS data may have inaccurate quarterly QM data that may result in non-payment of the QIPP funds under Components 2 and/or 3





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MCO Contracting

MCO Contracting/LOA

- NF providers will receive QIPP payments only from the MCOs in their service area. Therefore the NF Providers must be contracted with all of the MCOs in their Service Area by Sep. 1, 2017 to participate in the first QIPP program year.
- A list of the MCOs in your Service Area is available on the QIPP website.
- HHSC is not involved in the process of the MCO executing a Letter of Agreement (LOA) with NFs participating in QIPP. This process is between the MCO and the NF.
- If you have any additional questions, please send them to QIPP@hhsc.state.tx.us.



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QIPP Complaints

Handling QIPP Complaints

- Complaints related to QIPP will be handled in the following manner:
 - NF should contact HHSC for complaints related to:
 - Quality Metric Data
 - Payment Factor
 - Payment Calculation
 - NF should contact MCO for complaints related to:
 - Payment if it is different from what is shown in the payment calculation





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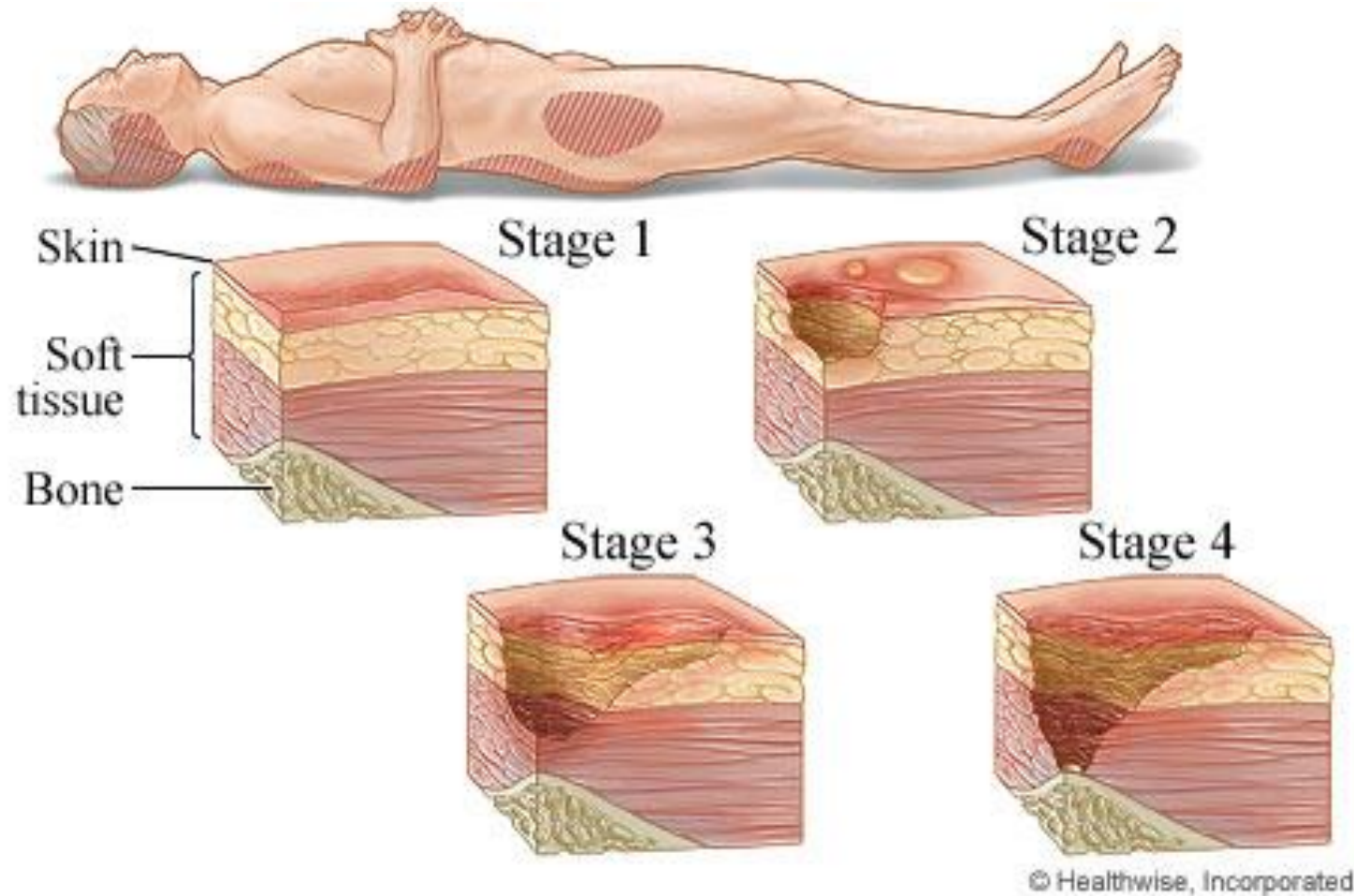
QIPP Resource Toolkits

Resource Toolkits

- Resource tool-kits are being developed for each of the QMs
 - Evidence Based Practice and Clinical Guidelines
- Tools to aid NFs in improving the care provided to residents, thereby improving their QM data
- Resource toolkits will be available on the QIPP website



Pressure Ulcers



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Antipsychotic Medications



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Falls with Major Injuries



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Physical Restraints



August 2017



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QIPP Contact Information

To receive updates related to QIPP:

- Sign up for GovDelivery to receive alerts related to QIPP at:
<https://public.govdelivery.com/accounts/txhhsc/subscribe/new>

QIPP website:

- Information related to QIPP is available on the website at:
<https://hhs.texas.gov/services/health/medicaid-chip/provider-information/quality-incentive-payment-program-nursing-homes>



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QIPP Contact Information

QIPP Email Addresses:

- For any questions you have related to QIPP, please send them to **QIPP@hhsc.state.tx.us**
- NFs will send their QAPI Validation Report to, and receive their Initial Scorecard from the QR Unit's QIPP email: **MCS_QIPP_QAPI@hhsc.state.tx.us**





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Questions?

